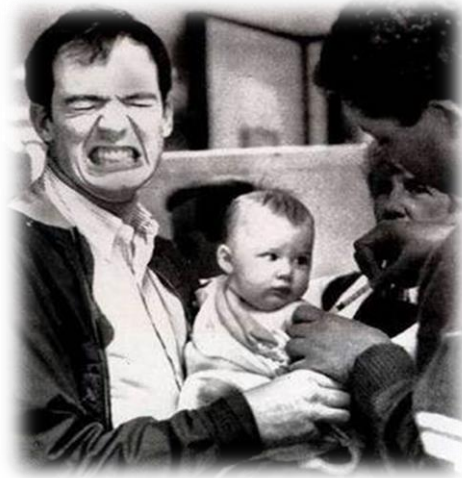


Navigating through School Immunizations (for the School Health Office)



AIPO Immunization Conference

Alexandra Bhatti, MPH, JD*

**Immunization Assessment Manager
Arizona Immunization Program Office**



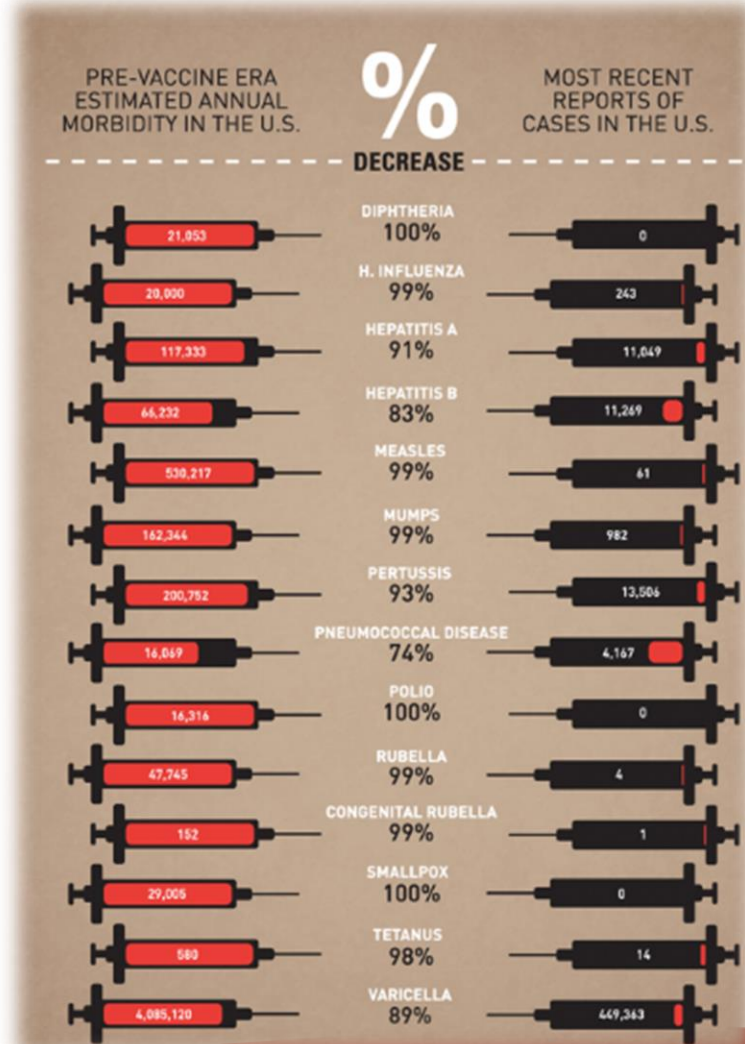
Health and Wellness for all Arizonans



Why are Vaccinations Important?



Vaccines Prevent Disease

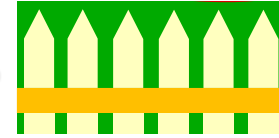




So What is Your Role?



School Nurses/Health Office Personnel are Front-line D-



Immunizations:

- ✓ Are required for school attendance
 - you help enforce state mandated rules and statutes
- ✓ Stop the spread of disease
 - in your schools, in your community
- ✓ Keep kids well and in school
 - schools get paid when kids seats are in their seats

CHALLENGE

- ✓ Fewer school nurses (RNs); multiple health office responsibilities
- ✓ Law requires students be up-to-date upon school entry
 - hard for staff to accomplish assessments
- ✓ Vaccine hesitant and non-compliant parents
- ✓ Conflicts between need to keep students in school and compliance with immunization requirements
- ✓ Exemptions increasing & coverage decreasing
- ✓ Immunization recordkeeping and reporting



Number of RN/LPNs reported

- 605 out of 1293 Kindergartens have an RN or LPN
 - 506 RN
 - 99 LPN
- 521 out of 1124 Sixth Graders have an RN or LPN
 - 424 RN
 - 97 LPN

Let's Switch Gears For a Moment...



**Arizona Immunization Coverage
Rates**

State-wide

- Coverage rates for state mandated immunizations remain high, although there has been a decrease over time.
- Exemption rates have been increasing over the last decade.
- There is a difference in exemption rates between the various school types: charter, public, private
- As exemption rates increase, vaccination coverage rates decrease






- The table below details the 2014-2015 child-care coverage rates compared to those since 2010-2011.

	Child Care Number of Students	DTaP 4+	Polio 3+	MMR 1+	Hib 3+	*Hep A 2	Hep B 3+	VAR 1+ or Hx	Religious Exemption
2010-2011	76,659	94.7%	96.5%	96.4%	94.4%	81.8%	95.7%	96.2%	3.4%
2011-2012	76,615	94.8%	96.2%	96.3%	94.5%	83.0%	95.4%	96.0%	3.4%
2012-2013	84,244	93.6%	95.3%	95.6%	94.4%	80.9%	94.2%	95.3%	3.8%
2013-2014	81,606	93.4%	95.4%	95.7%	94.6%	80.8%	94.1%	95.1%	4.1%
2014-2015	84,779	93.2%	95.4%	95.8%	94.6%	81.3%	94.0%	95.3%	3.6%

Kindergarten

- The table below details the 2014-2015 school year coverage rates compared to those since the 2010-2011 school year
- First year since 2007-2008 that PBE rates have not gone up!

	Kindergarten Number of Students	DTaP 4+	Polio 3+	MMR 2+	HepB 3+	VAR 1	Personal Belief Exemptions
2010-2011	83,348	95.6%	95.6%	95.3%	96.6%	97.3%	3.2%
2011-2012	85,316	94.9%	95.0%	94.7%	96.3%	96.9%	3.4%
2012-2013	87,909	94.6%	94.7%	94.5%	95.9%	96.8%	3.9%
2013-2014	85,861	94.3%	94.7%	93.9%	95.9%	96.4%	4.7%
2014-2015	84,651	94.3%	94.7%	94.2%	95.7%	96.4%	4.6% 

Grade 6

- The table below details the 2014-2015 school year coverage rates compared to those since the 2010-2011 school year
- First year since 2005-2006 that PBE rates have not gone up!

	6th Grade Number of Students	Tdap 1	MCV 1	MMR 2	Hep B 3	VAR 1	Personal Belief Exemptions
2010-2011	82,047	87.80%	88.20%	97.70%	97.80%	98.00%	3.7%
2011-2012	82,581	88.70%	89.20%	97.30%	97.60%	97.60%	4.0%
2012-2013	82,765	90.10%	90.20%	97.50%	97.60%	97.60%	3.9%
2013-2014	81,588	89.9%	89.80%	97.50%	97.60%	97.60%	4.7%
2014-2015	86,000	90.0%	89.8%	97.4%	97.5%	97.9%	4.7%

Why is all of this important?



Diseases are Real



Images retrieved from <http://phil.cdc.gov/phil/home.asp>,
iac.org, /

We are a Global Community

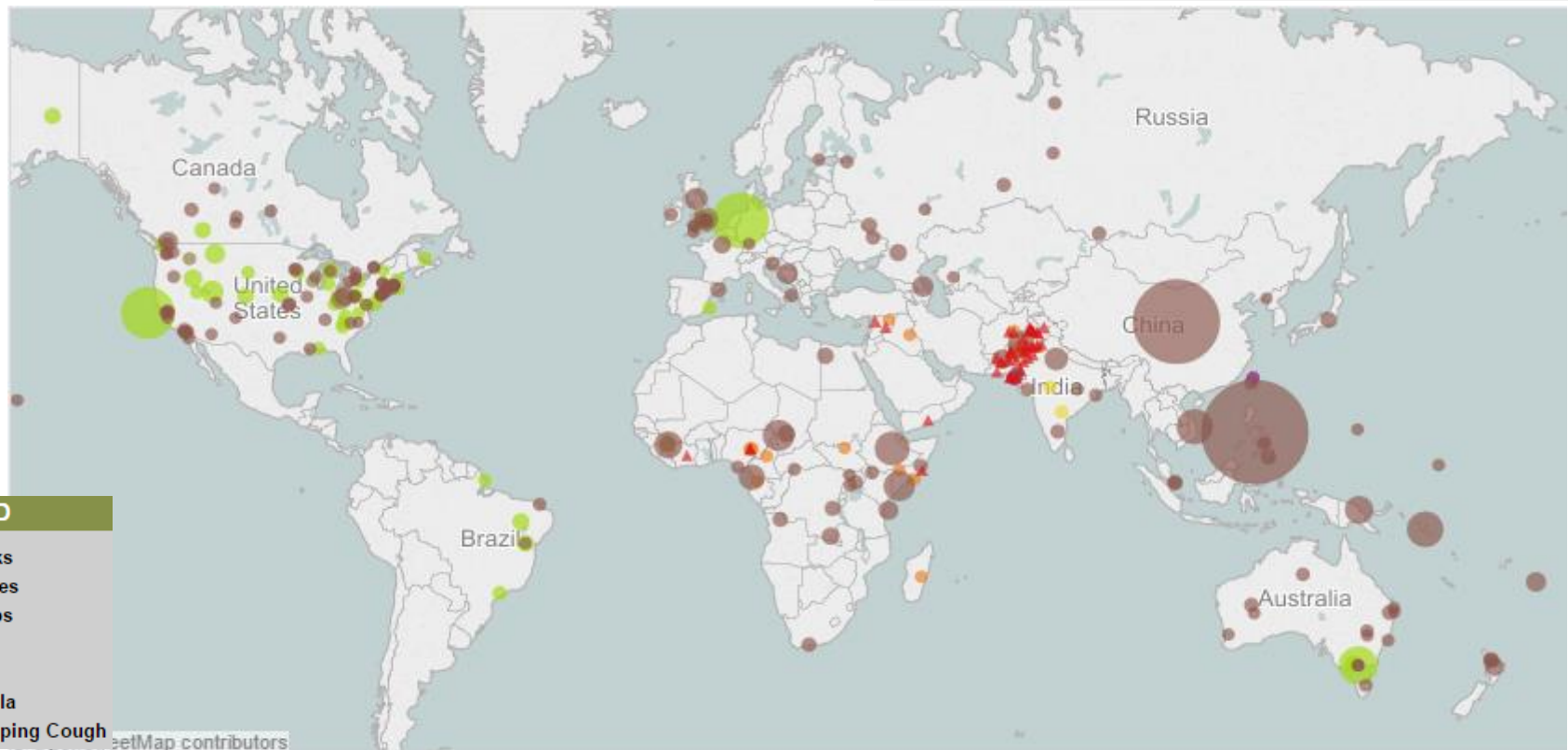


Diseases are just a plane ride away

2014 Vaccine Preventable Outbreaks

NUMBER OF CASES BY REGION

Asia	104,284
Europe	16,813
North America	14,864
Africa	12,312
Australia	7,491
South America	757

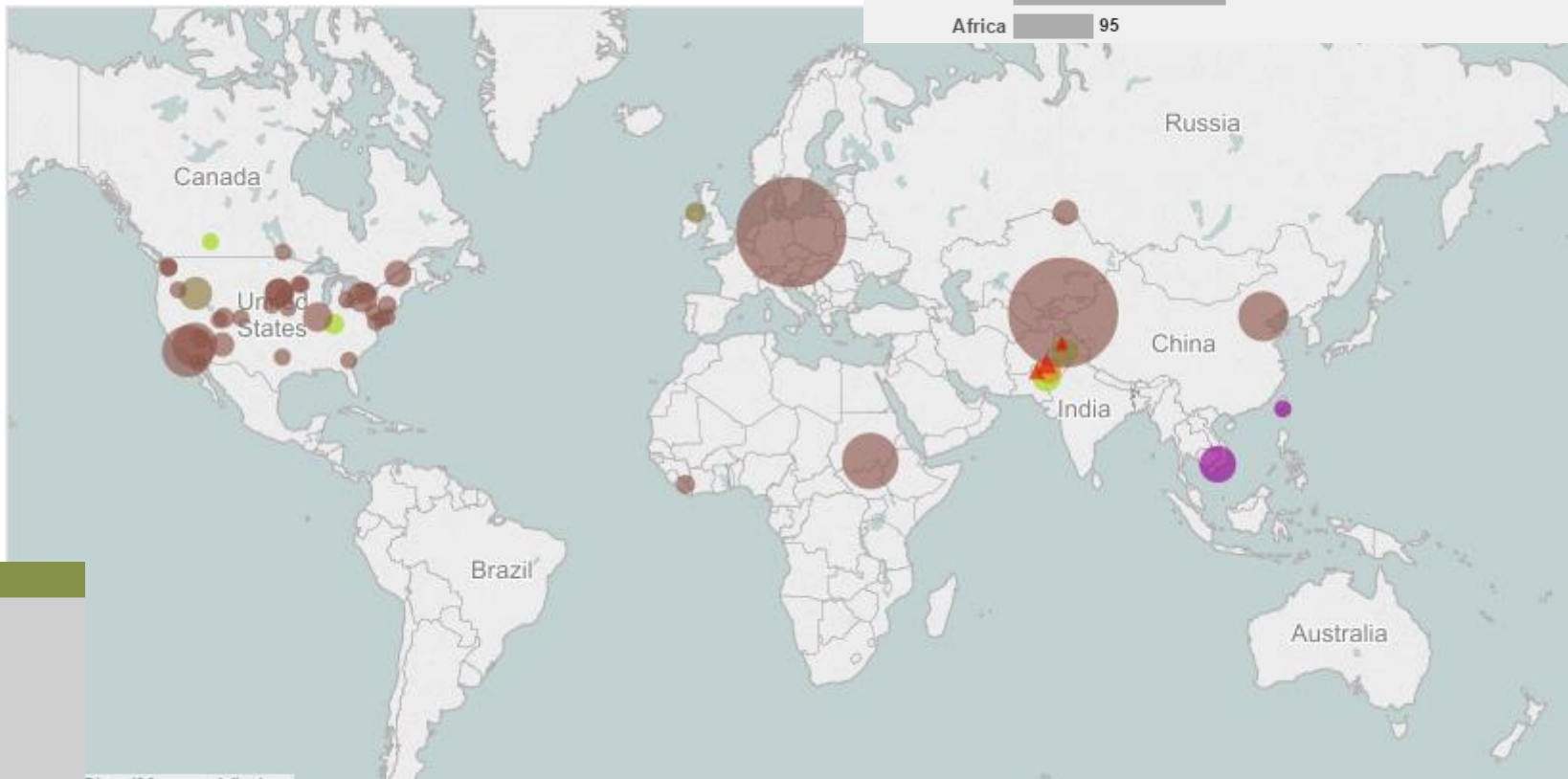


http://www.cfr.org/interactives/GH_Vaccine_Map/#map

2015 Vaccine Preventable Outbreaks

NUMBER OF CASES BY REGION

Asia	608
Europe	471
North America	252
Africa	95

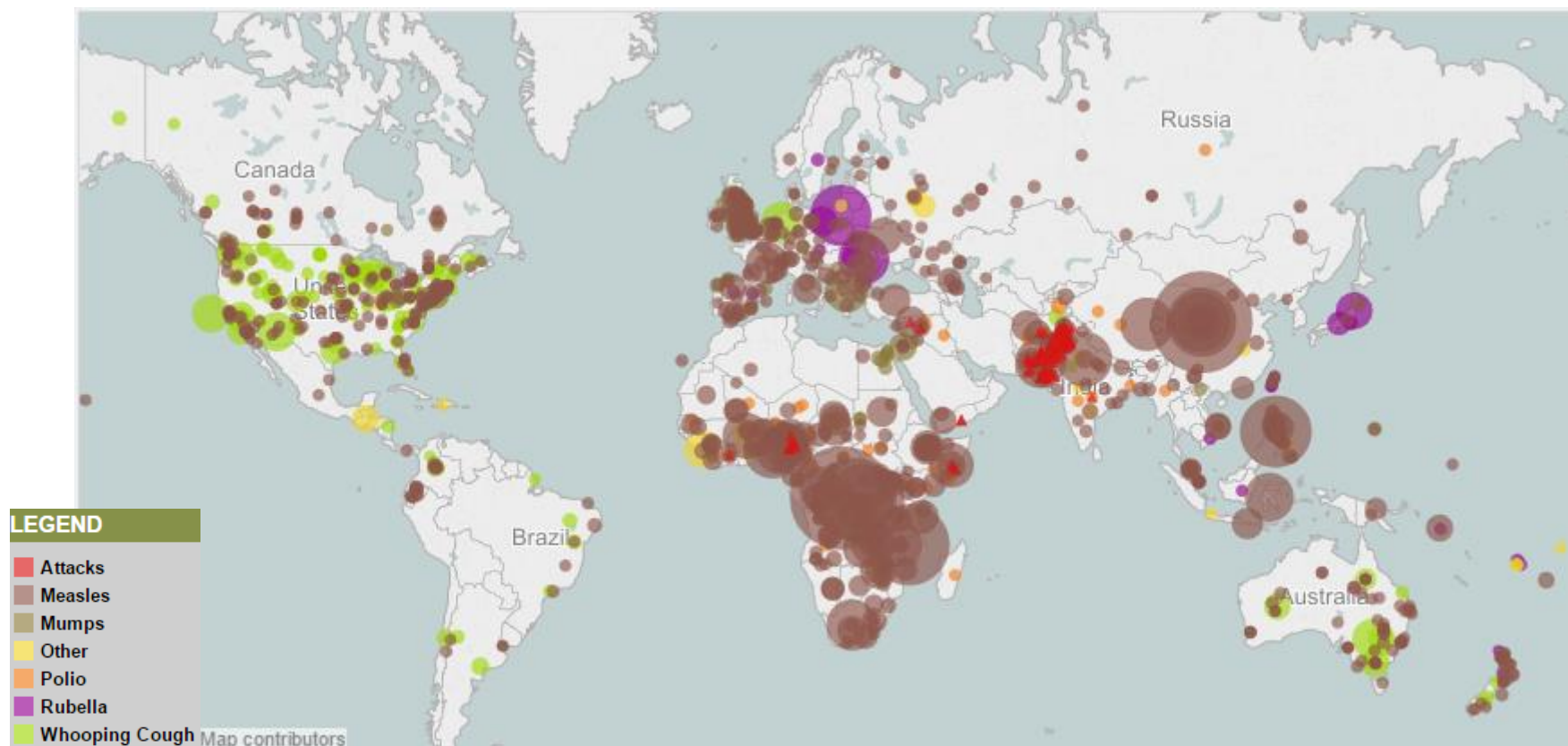


LEGEND

- Attacks
- Measles
- Mumps
- Other
- Polio
- Rubella
- Whooping Cough

http://www.cfr.org/interactives/GH_Vaccine_Map/#map

7 year Vaccine Preventable Outbreaks



http://www.cfr.org/interactives/GH_Vaccine_Map/#map

Measles Cases and Outbreaks

January 1 to March 20, 2015*

178

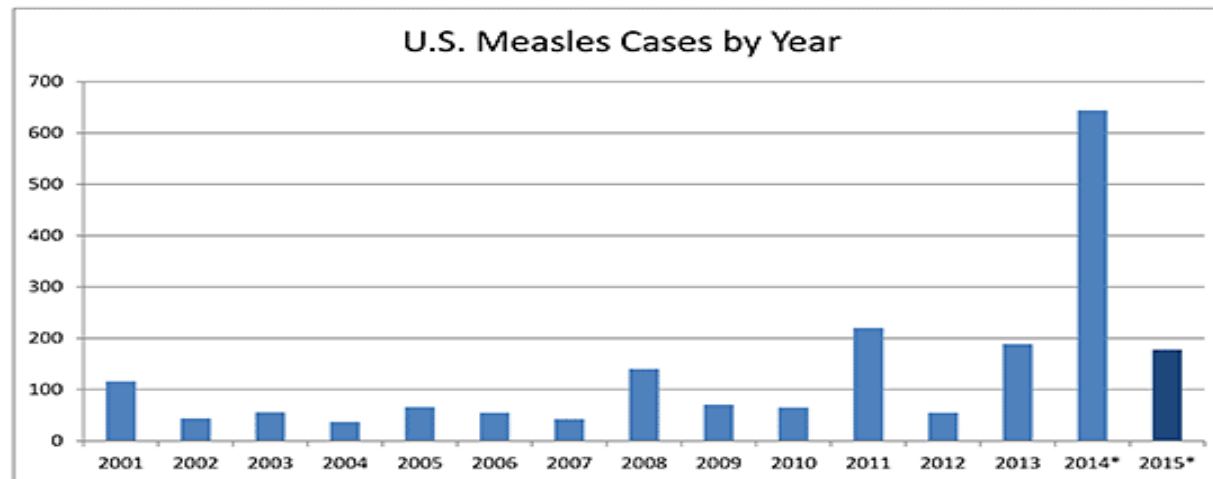
Cases

reported in 17 states and the District of Columbia: Arizona, California, Colorado, Delaware, Georgia, Illinois, Michigan, Minnesota, Nebraska, New Jersey, New York, Nevada, Pennsylvania, South Dakota, Texas, Utah, Washington

4

Outbreaks

representing 89% of reported cases this year



*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases



<http://www.cdc.gov/measles/cases-outbreaks.html>

2014 – 644 cases from 27 states



Health and Wellness for all Arizonans

Community Immunity

- When a critical portion of a community is immunized against a contagious disease, most members of the community are protected against that disease because there is little opportunity for an outbreak

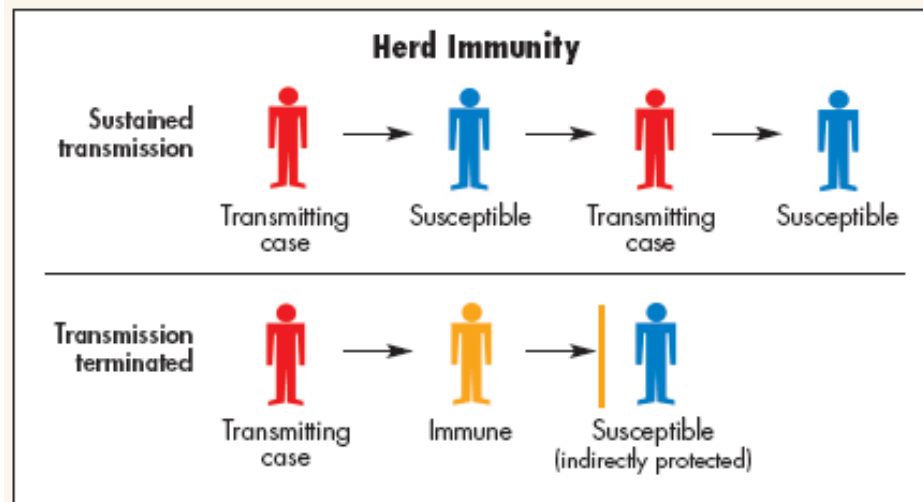


Figure – The principle underlying herd immunity is that the presence of enough immune persons in a community interrupts the transmission of an infectious agent, thereby providing indirect protection for unimmunized (or “susceptible”) persons.

So What Can We Do?



Arizona Immunization Exemption Statutes and Rules

✓ Arizona Revised Statutes 15-873

✓ Arizona Administrative Code

R9-6-706. Exemptions from Immunizations

E. For a child attending a school, a parent or guardian shall submit to the school a written statement of exemption from immunization for personal beliefs as required in A.R.S. § 15-873(A)(1) or written certification of medical exemption as required in A.R.S. § 15-873(A)(2) on a form provided by the Department....

Exemptions



- **Medical Exemptions:** must be completed by child's physician or nurse practitioner and signed by the parent/guardian
 - **Permanent:** Medical condition that contraindicates administration of one or more immunizations.
 - **Temporary:** Temporary medical condition that contraindicates the administration of one or more immunizations
 - **Lab Evidence of Immunity:** if the child has had the vaccine preventable disease. Laboratory proof of immunity must be submitted.
- Child Care, Pre-K, Head-Start, and K-12
- All 50 states allow for these

Exemptions

- **Religious Beliefs Exemptions:**
 - People who hold a sincere religious belief opposing vaccination
- **Only available Child Care, Preschool and Head Start**
- **48 states allow for these**



Exemptions

- **Personal Belief Exemptions:**
 - Immunizations are against the personal beliefs of the parent.
- Only available for grades K-12
- 17 states currently allow for these
Arizona is one of them-
 - New Mexico is considered 18 due its flexible wording in its religious exemption statute



Lawful Exemptions in Arizona Schools

- Personal Beliefs in Grades K-12 (not child care, preschool or pre-kindergarten)
- Temporary or Permanent Medical (must be signed by a physician or nurse practitioner)
- Exemption forms are provided by the health office upon request by parent/guardian and should **not** be part of an enrollment packet –
 - Try to refer if you can to school nurse for educational moment



Arizona law requires that schools, preschools and childcare facilities obtain this form, completed by a physician or registered nurse practitioner, in order for a child to be exempted from immunization requirements for medical reasons.

Medical Exemption Form

This is the official ADHS-provided form used by physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached; or 3) the child has a history of Varicella (chicken pox) disease.

Child's Name _____ Date of Birth _____

To be completed by a physician or registered nurse practitioner to exempt a child from childcare or school immunization requirements.

Printed Name of Physician or Nurse _____

Signature of Physician or Nurse _____ Date _____

Please list each vaccine included in the exemption and the reason for the exemption:

Please indicate whether this is a permanent exemption ☐ or a temporary exemption ☐

If the exemption is temporary, please list the date the exemption ends _____

Parent/Guardian Section:

1. I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend childcare and/or school until the risk period ends, which may be up to 3 weeks or longer.
2. I am aware that additional information about vaccine preventable diseases, vaccines, and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services.
<http://www.azdhs.gov/phs/immun/index.htm>

Parent/Guardian Signature _____ Date _____

Arizona Revised Statutes 15-873, <http://www.azdhs.state.ak.us/ars/1500873.htm>, and Arizona Administrative Code, R9-5-305, http://www.azsos.gov/public_services/Title_09-05.htm, and R9-6-706, http://www.azsos.gov/public_services/Title_09-06.htm describe the requirements for medical exemptions in childcare and school settings.

ADHS Immunization Program Office <http://www.azdhs.gov/phs/immunization/> July 1, 2013

Medical Exemption Form

- For use in K-12 grades only
- Must be signed by physician or nurse practitioner
- May be permanent or temporary – end date if temporary
- Should be used for known/verified history of chicken pox
- Attach any laboratory evidence of immunity to this signed form
- Parent signs bottom section



Health and Wellness for all Arizonans

Use of Medical Exemption for Chicken Pox History

- Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with recall
- Students enrolling in school or preschool in Arizona for the first time after 9/1/2011 are now required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.



Personal Beliefs Exemption Form

Kindergarten – 12th Grade Only

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an "X" in the box to the left of each disease listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child is at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	Tetanus (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child is at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child is at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Polio (IPV): I have been informed that by not receiving this vaccine, my child is at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	Measles, Mumps Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Meningococcal: I have been informed that by not receiving this vaccine, my child is at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: neurological damage, sepsis, permanent scarring or loss of limbs, and death.	Initials _____ Date _____

Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child. Initials _____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immun/index.htm).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school for up to 3 weeks or until the risk period ends.

Child's Name _____ Date of Birth (month/day/year) _____

Parent/Guardian Signature _____ Date (month/day/year) _____

ADHS Immunization Program Office

<http://www.azdhs.gov/phs/immunization/>

July 1, 2013

Personal Beliefs Form

- For use in K-12 grades only
- Parents check box and date and sign for one or more vaccines*
- Initial and sign lower section acknowledging awareness of exemption from school attendance in event of county health department declared outbreak at your school
- Partially immunized exempt students should still have record of immunizations on file



Health and Wellness for all Arizonans

When to renew an exemption Form

- 1) When a student changes schools
- 2) When a new vaccine requirement is introduced
- 3) When a new state form is developed

What you may hear...



- **Questions about whether vaccines cause autism**

Response: Autism has been increasing around the world for many years. Autism rates are the same in vaccinated and unvaccinated children. Many rigorous studies show that there is no link between the MMR vaccine or thimerosal and autism. No one knows yet what causes autism.

[The Science Facts about Autism and Vaccines](#) (infographic)

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/talk-infants-color-office.pdf>



Health and Wellness for all Arizonans

What you may hear...

- **Questions about whether vaccines are more dangerous than the diseases they prevent**



Response: Many of us have not seen the effects of vaccine- preventable diseases (VPDs) because vaccines have been so successful. Today we are lucky to be able to protect our babies from 14 serious diseases that once caused major complications and even death.

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/talk-infants-color-office.pdf>



Health and Wellness for all Arizonans

What you may hear...

- **Questions about the number of vaccines and vaccine ingredients**



Response: The childhood vaccine schedule is designed to provide protection against serious diseases that may affect infants early in life at the earliest possible time. There is no evidence that a healthy child's immune system will be damaged or overwhelmed by receiving several vaccines at once. Any time you delay a vaccine you leave your baby vulnerable to disease.

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/talk-infants-color-office.pdf>



Health and Wellness for all Arizonans

What you may hear...



- **Questions about vaccine safety**

Response: Millions of children and adults have been vaccinated safely. While any medication, even food, can cause reactions, a child takes a much greater risk of getting a disease if he or she is not vaccinated. The most common vaccine side effects are mild and include swelling, tenderness, and fever.

[The Odds a Child Will...](#) (infographic)

http://www.immunizeca.org/wp-content/uploads/2010/12/IMM-917_web.pdf



Health and Wellness for all Arizonans



Guide Through the Maze - Resources

- ADHS Immunization Program Website
 - Make it a favorite
- Check here for updates:
<http://azdhs.gov/phs/immunization/>



Immunization
Requirements & Data
Reports.

School & Childcare



Arizona Department of Health Services

Health and Wellness for all Arizonans

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1-877-494-5744

Arizona Immunization Program

Home



- Vaccines for Children (VFC) Program 2014 Enrollment is now available
- Adults Need Immunizations, Too



Clinic locations & recommended schedules.

Get Vaccinated



Info and resources for adults, adolescents and children.

Parents & Public



Immunization Requirements & Data Reports.

School & Childcare



Info for providers who participate in this federally funded program.

Vaccines for Children (VFC)



Arizona State Immunization Information System

ASIS



Immunizations vary by age group, find great resources here.

Healthcare Professionals



Up-to-date reports on immunizations in Arizona.

Statistics & Reports



Archive of Immunizations publications and news articles.

Newsletters



Health and Wellness for all Arizonans



Bureau of Epidemiology & Disease Control Home
Arizona Immunization Program Home
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ASIS ▶
Healthcare Professionals ▶
AZ MyIR ▶
Statistics & Reports
Yellow Fever
Perinatal Hepatitis B Program
Newsletters
Annual Conference
Vaccine Financing & Availability Advisory Committee
Vaccine Preventable Diseases (VPD)
Additional Resources

For Copies of Immunization Records
Please fill out [this form](#) and send via the following:
Fax: 602-364-3285
Email: ASISrequest@azdhs.gov
Phone: 602-364-3899 or toll free 1-877-491-5741

Arizona Immunization Program Office
150 N. 18th Avenue,
Suite 120
Phoenix, AZ 85007
(602) 364-3830
(602) 364-3285 Fax

Arizona Immunization Program School & Childcare Center Requirements and Forms

Immunization Related Forms for Schools and Childcare Centers

- [Arizona Guide to School and Childcare Immunization Requirements](#) (revised July 2014)
- Immunization Exemption Forms
Please begin to use these new exemption forms immediately:
 - Medical Exemption Form: [English](#) | [Español](#)
Must be completed by the child's physician or nurse practitioner.
 - Religious Beliefs Exemption Form: [English](#) | [Español](#)
Must be completed by the parent or guardian of a child attending childcare or preschool programs. The initials of the parent/guardian and the date are required next to each vaccine preventable disease description, in addition to the signature and date at the bottom of the form.
 - Personal Beliefs Exemption Form: [English](#) | [Español](#)
Must be completed by the parent or guardian of a student attending Kindergarten through 12th grade. Personal Beliefs exemptions are not applicable in childcare or preschool programs. The initials of the parent/guardian and the date are required next to each vaccine preventable disease description, in addition to the signature and date at the bottom of the form.

Immunization Information and Forms for Childcare Centers, Pre-school and Head Start

- [Childcare Toolkit for Immunization Requirements](#)
- [Requirements and Referral Notice for Childcare, Preschool and Head Start: English](#) | [Español](#)
- [Arizona Immunization Requirements for Children Birth to 5: English](#) | [Español](#)

School Immunization Requirements and Resources for Kindergarten through 12th Grade

- [School Immunization Toolkit](#)
- [Requirements for Kindergarten through 12th Grade: English](#) | [Español](#)
- [Immunization Screening and Referral Form](#)
- [Arizona School Immunization Record- ASIR 109](#) (fillable form)
- [Order Form for ASIR 109](#)
- **Charts to assist in checking schools immunizations of specific age groups**
 - [KDG-12th Grade requirements for children under 7](#)
 - [KDG-12th Grade requirements for children 7-10 years of age](#)
 - [KDG-12th Grade requirements for children 11 years and older](#)
- **Statutes and Rules for Immunization Requirements**
 - [Arizona Revised Statutes 15-871 through 15-874](#)
 - [Arizona Administrative Code, Title 9, Article 7](#)
 - [Arizona Department of Education](#)
 - [Bureau of Child Care Licensing](#)
 - [Homeless Student Resources](#)

Arizona Informational Guide to School and Child Care Immunization Requirements



Revised July 2014



Health and Wellness for all Arizonans

School Guide includes:

- Important Telephone Numbers & Websites
- School/Child Care Requirements
- Links to all forms
- Conditional Admissions
- Explanation of Exemptions/How to Use Forms
- Requirements for Record Keeping (ASIR)
- Assessments and Special Surveys (Immunization Data Report - IDR)
- Important Links and resources

Advisory Committee on Immunization Practices (ACIP)



- A group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States
- Develop vaccine recommendations for children and adults. There are additional immunizations that are recommended by ACIP that are **not** required by the state
- **Consider many factors:**
 - Safety; effectiveness; number of children who get the disease if there is no vaccine; how well it works for different age groups; etc.

For more information: <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-acip-color-office.pdf>

Arizona Immunization Requirements



- **Arizona Revised Statutes 15-872(B):** A pupil shall not be allowed to attend school without submitting documentary proof to the school administrator unless the pupil is exempted from immunization
- **Arizona Revised Statutes 15-872(G):** Unless proof of an exemption from immunization pursuant to section 15-873 is provided, a pupil who is admitted or allowed to continue to attend and who fails to comply with the immunization schedule within the time intervals specified by the schedule shall be suspended from school attendance until documentary proof of the administration of another dose of each appropriate immunizing agent is provided to the school administrator.

It's the LAW!



- Students must have proof of all required immunizations, or a valid exemption, in order to attend school
 - If law was not followed (in good faith) and
 - A non-complaint student spreads a VPD,
 - Which affects other students, teachers,
 - The school can be held liable

Acceptable Records



- **Parents:** Keep a copy of your child's immunization record at home
 - Arizona Lifetime Immunization Record (Blue Card)
 - Record from another state (school or provider)
 - Computer (school or registry/ASIIS) record
 - Copy of Arizona School Immunization Record (ASIR)
 - Record from a health care provider's office
- ALL forms must have required documentation

Other Acceptable Documentation

Exemptions:

New state forms were introduced in 2013 and need to be completed for 2014-2015 school year and on:

- Medical – permanent or temporary (signed by a physician)
- Medical with laboratory evidence of immunity
- Personal beliefs – K-12 schools only
- Religious beliefs – child care only



Provide a “Immunization Screening and Referral” notice listing missing immunizations and advising of lawful exemptions available at

<http://azdhs.gov/phs/immunization/documents/school-childcare/referral-notice-inadequate-immunization.pdf>



Immunization Screening and Referral Form for School K-12th Grade

Our records show that your child has not received all immunizations required for school attendance by Arizona State Law (Arizona Revised Statutes §15-872). The immunization doses required now are circled or highlighted.



Student Name: _____ Date of Birth: _____

School Name: _____ Date of Notice: _____

Contact Person at School: _____ Phone Number of School: _____

In accordance with Arizona State Law, students must have proof of all required immunizations, or a valid exemption, in order to attend school. Lack of proper documentation may result in your child being excluded from school until such documentation is provided to your school health office. Your child's immunization record with the below missing immunization(s) or a valid exemption form must be submitted:

By this Date: _____

1. If your child has already received the necessary immunization(s), bring his or her immunization record to the school. The record must show the child's name, date of birth, the date that all doses were received, and the name of the physician or health agency who administered the vaccine.
2. If your child has not received the necessary immunizations, take your child's immunization record and this form to your physician, local health department, or other vaccine provider to get required immunization(s) and/or records. Then bring this form and the updated record back to school.

School Staff: Please Circle or Highlight the Missing Required Dose(s) for the Corresponding Required Vaccine(s).

School Required Vaccine	Dose Missing					
DTaP/DTP/DT (Diphtheria, Tetanus, Pertussis)	1	2	3	4	5*	6*
Td (Tetanus, Diphtheria)	1	2	3*	4*		
Tdap (Tetanus, Diphtheria, Pertussis)	1					
IPV (Polio)	1	2	3	4*		
MMR (Measles, Mumps, Rubella)	1	2	3*			
Hepatitis B	1	2	3	4*		
Varicella (Chicken pox)***	1	2				
Meningococcal	1	2*				
CDC Recommended Vaccine**		Dose Missing				
Hepatitis A	1	2				
HPV (Human Papillomavirus)	1	2	3			
Seasonal Influenza (Flu)	1					

- * Indicates that a second dose is highly recommended by the CDC but not required.
- ** CDC: Center for Disease Control and Prevention → through the Advisory Committee on Immunization Practices (ACIP) recommends routine vaccinations to prevent vaccine-preventable diseases. While most vaccinations are required by the State of Arizona for school entry, there are other recommended immunizations your child may need.
- *** Students attending school in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with recall. Students enrolling in school in Arizona for the first time after 9/1/2011 must present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs. A second dose is not required unless the first is given at 13 years or older.
- * Exceptions exist for these particular doses- see the 2014-2015 required immunizations for details and guidance:
<http://azdhs.gov/phs/immunization/documents/school-childcare/2014-2015-school-year-immunization-requirements.pdf>

ADHS-Arizona Immunization Program Office: (602)-364-3633

Updated: August 2014



Health and Wellness for all Arizonans

Keep everything....

- Keep a copy of the original immunization records given to you by the parent at time of enrollment
- Attach to or just place behind the ASIR form in the health file
- As you get updated forms, you can discard/shred the older forms, as long as you have the most recent documentation of immunizations



Parents should too!

- Make sure the parents have/keep a copy of their child's immunization records
- Immunization records will be needed in the future:
 - College, specific majors in college
 - Military service
 - Overseas Travel
 - Future employment
- Some doctor's offices charge for copies of IZ records





ARIZONA SCHOOL IMMUNIZATION RECORD

For use in grades K-12



This form is to be completed by school staff from immunization records provided by parent or guardian and supplemented by information from ASIIS. See reverse side for instructions.

I. IDENTIFICATION INFORMATION

Child's Name *Nombre De Niño*

Birth Date *Fecha De Nacimiento*

Entry Grade (Circle) *Grado (Marque Con Circulo)*

K 1 2 3 4 5 6 7 8 9 10 11 12

Sex *Sexo*

Male *Niño* ☐ Female *Niña* ☐

II. IMMUNIZATIONS

	1st MO/DAY/YR	2nd MO/DAY/YR	3rd MO/DAY/YR	4th MO/DAY/YR	5th MO/DAY/YR	6th MO/DAY/YR	F/U Date MO/DAY/YR
<u>(DTaP/DTP) Diphtheria, Tetanus & Pertussis</u> Difteria, Tetano y Tos Ferina							
<u>(Td) Tetanus & Diphtheria</u> Tetano y Difteria							
<u>(Tdap) Tetanus, Diphtheria, acellular Pertussis</u> Tetano, Difteria y Tos Ferina							
<u>(IPV/OPV) Polio Vaccine</u> Vacuna Antipoliomielitica							
<u>(MMR) Measles, Mumps & Rubella</u> Sarampión, y Paperas, y Rubéola							
<u>(Hep B) Hepatitis B</u> La Vacuna Hepatitis B							
<u>Varicella (Chickenpox)</u> Varicella Check box if pupil attended childcare/school in AZ with parental recall of chicken pox before 9/1/11 <input type="checkbox"/>							
<u>Meningococcal</u> Meningococicas							
<u>(Hep A) Hepatitis A</u> La Vacuna Hepatitis A							
<u>HPV (Human Papilloma Virus)</u> Virus Papilloma Humano							
<u>(Hib) Haemophilus Influenzae b</u> Required for Pre-K program, children age 2 months to age 5 years. <i>Influenzae Haemophilus tipo B</i>							
<u>Influenza (Flu) Vaccine</u>							
<u>Other</u>							
<u>TB Skin Test: (optional)</u> List most recent test <i>Prueba de tuberculosis del piel: (opcion)</i> <i>Liste la más reciente prueba</i>							

REQUIRED FOR SCHOOL

This record is part of the mandatory permanent pupil records as defined in Arizona Revised Statute 15-874 and shall transfer with that record. State and local health departments shall have access to this record.

FOR SCHOOL USE ONLY:

School Name *Nombre de Escuela*

Contact Person *Persona de Contacto*

Phone Number *Número de Teléfono*

Initial Enrollment Date in an Arizona School/Preschool

III. Documentation Presented:

- ☐ Arizona Lifetime Record
- ☐ Foreign country (name) _____
- ☐ Out-of-State record (name) _____
- ☐ ASIIS
- ☐ Provider Record
- ☐ Other _____

IV. Status of Requirements

- A. ☐ Currently up-to-date; more doses are due later.
- B. ☐ Needs follow-up (see follow-up column).
- C. ☐ No immunization record provided.

(reason)

- D. ☐ Medical Exemption—Permanent
Date ____/____/____
- E. ☐ Laboratory evidence of immunity attached:

- F. ☐ Medical Exemption—Temporary until
Date ____/____/____
- G. ☐ Personal Beliefs
Date ____/____/____

I certify that I reviewed this student's immunization record and it has been transcribed accurately.

Date ____/____/____

Admitting Official _____

Comment Section: _____

School immunization requirements are determined by the age and grade level of the child.

- Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>. Homeless students are allowed a 5-day grace period to submit proof of immunization records.
- The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.
- The statutes and rules governing school immunization requirements are:
 - Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708

Please check requirements for each child's age and grade level in the chart below.

Age → Grade → Vaccine ↓	Under age 7	7 – 10 years	11 years and older
	Kindergarten and above	Kindergarten-5 th grade	6 th through 12 th grade
DTaP (Proof of DTP or DT counts toward DTaP requirement)	4-5* doses At least 1 dose at 4 years of age or older is required. *A 6 th dose is required if 5 doses have been given before 4 years of age.	3 DTaP and/or Td doses are required if all doses were given <u>after</u> 12 months of age. Or 4 DTaP and/or Td doses are required if any of the doses were received <u>before</u> 12 months of age.	<u>1 Tdap dose is required for students 11 years and older.</u> Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose.
Td			Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses.
Tdap		Tdap may be counted to meet the requirements above. Tdap is <u>not</u> required for 11 year olds until they enter 6 th grade.	Tdap doses given prior to age 11 meet the requirement. A Td booster is required 10 years after the Tdap dose.
Meningococcal		<u>Not required</u> but may be counted as valid when given at this age.	1 dose is required.
Polio	3-4 doses 4 doses meet the requirement. 3 doses meet requirements if dose #3 was given at 4+ years of age. (Not required for students 18+ years of age.)		
MMR	2 doses A 3 rd dose will be required if dose #1 was given before more than 4 days before the 1 st birthday.		
Hepatitis B	3 doses A 4 th dose will be required if the third dose was given before 24 weeks of age.		
Varicella	1 dose is required if the 1 st dose was given before 13 years of age. 2 doses are required if the 1 st dose was given at 13 years of age or later. Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.

Childcare and preschool immunization requirements are posted at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>.
Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120 • Phoenix, AZ 85007 • (602) 364-3630 • Toll-free (866) 222-2329 • August, 2014

2014-2015 School Requirements

Children under age 7

<u>Required Vaccines</u>	See below for exceptions requiring fewer or more doses
<u>4-5 DTaP</u>	4 doses OK if at least one dose given at 4+ years 6 doses required if 5 th dose given under 4 years
<u>3-4 Polio</u>	3 doses OK if 3 rd dose given at 4+ years 4 total doses OK, even if given in first year of life
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	0 doses required if enrolled before 9/1/2011 with history of chicken pox disease
Valid doses are required. A 4-day grace period is allowed.	

2014-2015 School Requirements

Children 7-10 years of age

<u>Required Vaccines</u>	See below for exceptions requiring fewer or more doses
<u>4 DTaP/Td</u>	3 doses OK if all were given after 12 months 1 Dose of Tdap may be counted as part of these requirements
<u>4 Polio</u>	3 doses OK if 3 rd dose given at 4+ years
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	Varicella not required if enrolled with history of chicken pox disease before 9/1/2011
Valid doses are required. A 4-day grace period is allowed.	

2014-2015 School Requirements

Children 11+ years of age, Grade 6th - 12th

<u>Required</u>	See below for exceptions requiring fewer or more doses
<u>3 DTaP/Td*</u>	3 doses OK if all were given after 12 months
<u>1 Tdap</u>	Required unless last DTaP/Td was within past 5 years
<u>1 MV/MCV</u>	Required
<u>4 Polio</u>	3 doses OK if 3 rd dose given at 4+ years
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	2 doses if #1 was given at 13+ years of age. Not required if enrolled before 9/1/2011 with chicken pox history
Valid doses are required. A 4-day grace period is allowed.	

Second Doses

- A second dose of Varicella is recommended, however, it is *not required* for school attendance
- A second dose of Meningococcal vaccine is recommended at age 16; it is *not required* for school attendance



Arizona State Immunization Information System (ASIIS)

- School and child care staff can enroll in ASIIS to look up and print out the immunization records of students
- After enrollment paperwork has been completed, you will receive a log-in and password
- <http://www.azdhs.gov/phs/asiis/enrollment.htm>
or call 1-877-491-5741 to enroll in ASIIS
- NEW ASIIS helpline mail – ASIISHelpDesk@azdhs.gov or ASIISrequest@azdhs.gov
- When searching ASIIS, use minimal information to increase chances of locating child's record



Resources



Local:

- **Arizona Alliance for Community Health Centers**
 - <http://www.aachc.org/>
 - <http://www.aachc.org/what-is-a-healthcare-center/map/> to locate a community health center
- **County Health Departments**
 - **StopTheSpreadAZ.org**- will link you to your county health department

State:

- **Arizona Department of Health Services- Immunization Program Office**
 - <http://azdhs.gov/phs/immunization/index.htm>
- **The Arizona Partnership for Immunization (TAPI)**
 - **Parent page:** <http://www.whylimmunize.org/parents/>
 - **Provider page:** <http://www.whylimmunize.org/for-providers/>



Resources



National

- Centers for Disease Control and Prevention
 - Provider Resources for Vaccine Conversations with Parents-
<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/index.html>
 - For Parents: Vaccines for Your Children-
<http://www.cdc.gov/vaccines/parents/index.html>
 - Vaccine Safety-
<http://www.cdc.gov/vaccinesafety/Concerns/Index.html>
- Immunization Action Coalition
 - Talking with Parents-
http://www.immunize.org/concerns/comm_talk.asp
 - Vaccine Information Statements (multiple languages)-
<http://www.immunize.org/vis/>
 - Handouts for Patients and Staff-
<http://www.immunize.org/handouts/>

Resources



National

- **California Immunization Coalition**
 - Vaccine Safety Information-
<http://www.immunizeca.org/resources/vaccine-safety>
- **Children's Hospital of Philadelphia**
 - Vaccine Education Center- <http://www.chop.edu/service/vaccine-education-center/home.html>
- **Every Child by Two**
 - The Questioning Parent-
http://www.ecbt.org/index.php/facts_and_issues/article/the_questioning_parent
- **Voices for Vaccines**
 - Parents Speaking up for Immunization-
<http://www.voicesforvaccines.org/>



Thank you!

Questions?

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<http://www.azdhs.gov/phs/immunization/>



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